

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

Vina Y. Scott dba Driving Mizz Daizy LLC

230966  
BEFORE THE  
PUBLIC SERVICE COMMISSION  
SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

DOCKET  
NUMBER

2611 - 293 - 1

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Vina Y. Scott

Telephone:

877-356-3773

Address: 2810 Ashley Phosphate Rd. Suite B13

Fax:

843-641-0317

North Charleston, SC 29418

Other:

843-926-0513

Email: info

Irvingmizzdaizy.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input type="checkbox"/> Request for Name Change on Certificate        |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input checked="" type="checkbox"/> Application - Class C Non-Emergency   | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Loc-Filed Exhibit                             |
| <input type="checkbox"/> Application - Class F Hazardous Waste  | <input type="checkbox"/> Order   |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Preservation Letter                           |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petitioner                          |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Other   |

RECEIVED

PSC SC  
MAIL / DMS

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100

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**PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA**  
 101 Executive Center Drive, Suite 100  
 Columbia, South Carolina 29211  
 (Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
 OPERATION OF MOTOR VEHICLE CARRIER**

Date: 7/15/2011

**CLASS C - CHARTER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Driving Mizz Daisy LLC

2810 Ashley Phosphate Rd. Suite 110  
 Street Address of Applicant

Mailing Address of Applicant (if different from Street address)

877-356-3773  
 Phone

843-641-0317  
 Fax

info@drivingmizzdaisy.com  
 Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship  
☒ Partnership - List names and addresses of all person having an interest in the business.  
☐ Corporation - List names and addresses of two principal officers

Vina Y. Scott 4980 Foxwood Dr. N. Charleston S.C. 29418

Nadine T. Ladson 8465 Patriots Blvd. Apt. 210 N. Charleston S.C. 29420

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### BALANCE SHEET

Balance Month 7/15 Time Application is Filed Year 2011

#### Assets:

Cash	\$4,764.33
Receivables	N/A
Real Estate	N/A
Buildings and Equipment (Net)	Equipment (Net) \$2,500.00
Motor Vehicles (Net)	
Garage Equipment (Net)	N/A
Machinery and Tools (Net)	N/A
Supplies on Hand	\$600.00
Prepays and Other Assets	N/A
<b>Total Assets*</b>	<b>\$7,864.33</b>
<b><u>Liabilities and Equity:</u></b>	
Accounts Payable	N/A
Notes Payable	N/A
Mortgages Payable	N/A
Equipment Obligations	N/A
Accrued Salaries and Wages	N/A
Other Accrued Obligations	N/A
Other Liabilities	N/A
<b>Total Liabilities</b>	<b>0</b>
Capital Stock	N/A
Retained Earnings	N/A
<b>Total Equity</b>	<b>0</b>
<b>Total Liabilities and Equity*</b>	<b>0</b>

\* Total Assets = Total Liabilities and Equity

**PROPOSED RATES AND CHARGES FOR SERVICE**

Proposed Rates and Charges (List only maximum charges per mile on trip, and/or hourly rate).

The maximum per mile is \$1.25/ maximum per trip in the surrounding Charleston area is \$150.00 round trip.

Requested Scope of Authority. Check all counties in which you are requesting permission to operate.  
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- |  |  |                                     |                                     |                                       |
|--|--|-------------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Abbeville             | <input type="checkbox"/> Cherokee              | <input type="checkbox"/> Florence   | <input type="checkbox"/> Laurens    | <input type="checkbox"/> Saluda       |
| <input type="checkbox"/> Aiken                 | <input type="checkbox"/> Chester               | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington  | <input type="checkbox"/> Spartanburg  |
| <input type="checkbox"/> Allendale             | <input type="checkbox"/> Chesterfield          | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion     | <input type="checkbox"/> Sumter       |
| <input type="checkbox"/> Anderson              | <input type="checkbox"/> Clarendon             | <input type="checkbox"/> Greenwood  | <input type="checkbox"/> Marlboro   | <input type="checkbox"/> Union        |
| <input type="checkbox"/> Bamberg               | <input type="checkbox"/> Colleton              | <input type="checkbox"/> Hampton    | <input type="checkbox"/> McCormick  | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell              | <input type="checkbox"/> Darlington            | <input type="checkbox"/> Horry      | <input type="checkbox"/> Newberry   | <input type="checkbox"/> York         |
| <input type="checkbox"/> Beaufort              | <input type="checkbox"/> Dillon                | <input type="checkbox"/> Jasper     | <input type="checkbox"/> Oconee     |                                       |
| <input checked="" type="checkbox"/> Berkeley   | <input checked="" type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw    | <input type="checkbox"/> Orangeburg | <input type="checkbox"/> Statewide    |
| <input type="checkbox"/> Calhoun               | <input type="checkbox"/> Edgefield             | <input type="checkbox"/> Lancaster  | <input type="checkbox"/> Pickens    |                                       |
| <input checked="" type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield             | <input type="checkbox"/> Laurens    | <input type="checkbox"/> Richland   |                                       |



JUL-18-2011 13:33 FROM:DRIVING MIZZ DAIZY 8436410317 0:7695980 P.2/2

## INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies until requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE**

The following insurance quote is for:

Vina Scott  
Name of Applicant

2810 Ashley Phosphate Rd. Ste 213 N Charleston SC 29418  
Address of Applicant

### Amount of Premium:

Limits Quoted (See Below)

Liability Insurance 1 738.72

Limits 25 50/25

The above quoted premium is for a term of 6 months

### Minimum Limits - Intrastate Only

1-7 Passengers\* \$ 25,000/50,000/25,000

\* Passenger - Number of seatbelts in the vehicle, including the driver's seatbelt

8-15 Passengers\* \$ 25,000/100,000/25,000

State Farm Insurance  
Name of Insurance Company

11350 Johns Creek Parkway Duluth GA 30096  
Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company is authorized by the South Carolina Department of Insurance to do business in South Carolina.

7/19/2011  
Date

Medione C Owens SA-5  
Authorized Insurance Company Representative's Signature

### NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 56-27-910. For more information, contact Vice President with the Department of Motor Vehicles at (803) 896-8157.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.sc.us/self-insurance](http://www.wcc.sc.us/self-insurance).

**Exhibit Fit, Willing, and Able (FV. 1)**

Vina Y. Scott  
Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, indicate nature of judgement(s) against applicant

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

**Exhibit on Driver Qualifications**

1. Applicant understands that all drivers must be a minimum of 18 years of age.  
☒ Yes ☐ No
  
2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.  
☒ Yes ☐ No
  
3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.  
☒ Yes ☐ No
  
4. Applicant understands that all drivers operating a vehicle under a Class C Taxi Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.  
☒ Yes ☐ No
  
5. Applicant understands that all Class C Taxi Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.  
☒ Yes ☐ No



PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA

COUNTY OF CHARLESTON

[Signature]  
Applicant's Signature

I, KINA V. SCOTT, OWNER  
Name of Applicant's Representative Title

of DRIVING MIZZ DAIZY LLC  
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

[Signature]  
Signature of Applicant's Representative

SWORN TO BEFORE ME  
This 15<sup>th</sup> day of July, 2011  
[Signature]  
Notary Public  
Commission Expires 4/16/19

# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:**

DRIVING MIZZ DAIZY LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on June 2nd, 2011, with a duration that is at will, has as of this date filed all reports due this office, including its most recent annual report as required by section 33-44-211, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed a certificate of cancellation as of the date hereof.

Given under my Hand and the Great Seal of the  
State of South Carolina this 1st day of June,  
2011

A handwritten signature in black ink that reads "Mark Hammond".

Mark Hammond, Secretary of State